PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									Application or Docket Number 10/7名0370					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS		39_				-	RATE		FEE]	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC F	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			39 minus 20=		• 19			X\$ 9=			OR	X\$18=	342	
INDEPENDENT CLAIMS								X43=			OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT			+145			=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ero, enter "0" in column 2				TOTAL		OR	TOTAL	1112		
CLAIMS AS AMENDED - PART II								0111		-1171774	-	OTHER		
(Column 1) (Column 2) (Column 3)								SMAL	.L. I	NTITY	OR I I	SMALL		
AMENDMENT A	11/28/05	REMAINING AFTER AMENDMENT		NUMI PREVIO	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 33	Minus	2	39	= (X\$ 9=			OR	X\$18-	. 60	
	Independent	· ~	Minus	***	3	- /		X43=			OR	X88=	200	
Paid for a extra claims \$40000.								+145=	=		OR	+290=		
function of the court of the								TOT.	_		OR	TOTAL ADDIT. FEE	SW	
(Column 1) (Column 2) (Column 3)														
AMENDMENT B		CLAIMS HIGHE REMAINING NUMB			· •			٦	ADDI-]		ADDI-		
		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE		TIONAL		RATE	TIONAL FEE	
	Total		Minus	**		=		X\$ 9=			OR	X\$18=		
AME	Independent		Minus	***		-		X43=	1		OR	X86≈		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			OR	+290=		
LTO ADDIT.												TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)										,	AUUII. FEE		
	•	100/01/11/3)	1 6		_	ADDI-	•		ADDI-					
NTC		REMAINING AFTER AMENDMENT	-	NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	•	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	+	Minus	**			1	X\$ 9=			OR	X\$18=	FEE	
	Independent	*	Minus	***		=	1	X43=	+			X86=	-	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A+0=	-		OR	∧ 00=		
+145=											OR	+290=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE														
		mber Previously Paid their Previously Paid					er fou	nd in the	app	ropriate box	in col	umn 1.		